ARIZONA STATE BOARD OF HEALTH State File No
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH Registered No. 1
County / Ula State Wyona
District or Township or Village
City Mann No.52 Broad St Claypool Grig Ward
2. Full name of child I landth
3. Sex of Child To be answered ONLY in event of plural births. 1. Twin, triplet or other 6. Legitimate? 3. Sex of Child To be answered ONLY of birth To be answ
8. FATHER Stubblefield Full maiden name Vada, Mc Cloud
9. Residence (Usual place of abode) Claypool (Usual place of abode) (Usual place of abode)
If non-resident, give place and state. Ungova If non-resident, give place and state. Ungova
10. Color or race 11. Age at last birthday 4.0 (Years) 12. Age at last birthday 24 (Years)
12. Birthplace (city or place) Morlsburg 1 18. Birthplace (city or place) Cleveland
(State or country) Ua. (State or country)
13. Occupation Will Operator 19. Occupation
Nature of industry Nature of industry Nature of industry
20. Number of children of this mother. (a) Born alive and now living 21. Were precautions taken against ophthalmia neonatorum.
(Taken as of time of birth of child herein certified and including this child). (c) Stillborn
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 7 30
(Born alive or stillbooth)
or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor
(Shows other evidence of life after birth.) (Physician or midwife).
supplemental report Month, day, year Address / Warn, Month, day, year
Registrar. Filed May 30 19 28 6-6- Ding
Registrar. Registrar.

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